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Paralegal Docket	MAMIE PERSON						
Docket Type	Initial Docketing						
<b>Location Information</b>							
Location	50C0						
LOC DT	08/23/2005						
CHRG TO							
CHRG TO Location							
				ayilmaz		08/26/2005	

# DO/ EO WORKSHEET

U.S. Appl. No. 10/509632

International Appl. No. FR0301041

Application filed by : ☒ 30 months

## WIPO PUBLICATION INFORMATION :

Publication No.: WO 03/09056 Publication Language : ☒ English ☐ German ☐ Japanese ☐ Chinese ☐ Korean  
☒ French ☐ Spanish ☐ Russian ☐ Other : \_\_\_\_\_  
 Publication Date : 13/1/03 Not Published : ☐ U.S. only designated ☐ EP request Published : ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> International Application (RECORD COPY)<br><input type="checkbox"/> Article 19 Amendments<br><input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> _____<br><input type="checkbox"/> Annexes to 409<br><input checked="" type="checkbox"/> Priority Document (s) No. _____ | <input type="checkbox"/> PCT/IB/331<br><input type="checkbox"/> Request form PCT/RO/101<br><input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> _____<br><input type="checkbox"/> Search Report References<br><input type="checkbox"/> Other : _____ |
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## RECEIPTS FROM THE APPLICANT (other than checked above) :

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)<br><input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims<br><input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>2</u> )<br><input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment<br><input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> other : _____<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Power of Attorney/ Change of Address | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. _____ 2. _____ 3. _____<br><input type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. _____ 2. _____ 3. _____<br><input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)<br><input type="checkbox"/> Assignee PG Publication Notice<br><input type="checkbox"/> Substitute Specification Filed on :<br>1. _____ 2. _____<br><input type="checkbox"/> Verified Small Status Statement<br><input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input checked="" type="checkbox"/> Oath/Declaration not executed<br><input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing<br><input type="checkbox"/> Other : _____ |
|---|---|

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

22 Sept 04

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no.EP requested)

22 Sept 04

Date of Completion of DO/ EO 903 - Notification of Acceptance

22 Feb 05

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification of

Date of Completion of DO/ EO 923 - Notification of

# Credit Card Payment



Swipe Credit Card Window Help

Type

☐ Point of Sale ☒ Mail Order ☐ Telephone Order

Credit Card

Account Number:  -  -  -

Expiration Date:

Card Type:

(MM/YY)

Holder Name:

Zip Code:

Telephone Order

Taken By Name:

Charge

Total Amount:

Authorization Code:



Authorization Date:

